

**M-3M**

**MASSACHUSETTS DEPARTMENT OF REVENUE**  
**RECONCILIATION OF MASSACHUSETTS INCOME TAXES WITHHELD FOR EMPLOYERS FILING MONTHLY**  
**YOU MUST FILE THIS FORM EVEN THOUGH NO TAX MAY BE DUE.**

FEDERAL IDENTIFICATION NUMBER	BE SURE THIS FORM COVERS THE CORRECT PERIOD	FOR YEAR	1. TOTAL NUMBER EMPLOYED DURING THE YEAR  2. TOTAL NUMBER OF FORMS W-2 ENCLOSED  3. TOTAL MASSACHUSETTS TAX WITHHELD AS SHOWN ON FORMS W-2  4. TOTAL AMOUNT WITHHELD PER LINE 3 OF MONTHLY RETURNS (from reverse)  5. TOTAL AMOUNT REMITTED (from reverse)
BUSINESS NAME			
BUSINESS ADDRESS			
CITY/TOWN	STATE	ZIP	
Due on February 28 with Forms W-2, Copy 1. <b>Note:</b> Do not mail Forms M-3M or W-2 with Form M-942. <b>Mail to:</b> <b>Massachusetts Department of Revenue, PO Box 7015, Boston, MA 02204.</b>			
I declare under the penalties of perjury that this return (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct and complete return.			
Signature		Title	Date

Month	Amount withheld (from monthly returns, line 3)	Amount remitted	State reason for difference:
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			
<b>Total</b>			

Enter total amounts on the front of this form.